

ARIZONA DEPARTMENT OF WATER RESOURCES
WATER MANAGEMENT DIVISION
MAIL TO: P.O. BOX 458, PHOENIX, ARIZONA 85001-0458
3550 North Central Avenue, Phoenix, Arizona 85012
Phone (602) 771-8585 Fax (602) 771-8688

**APPLICATION FOR PERMIT TO WITHDRAW
POOR QUALITY GROUNDWATER WITHIN AN
ACTIVE MANAGEMENT AREA (A.R.S. § 45-516)**

I. INSTRUCTIONS

1. COMPLETE ALL APPROPRIATE ITEMS ON THIS APPLICATION AND SIGN IN DESIGNATED PLACE.
2. Mail to P.O. Box 458, Phoenix, Arizona 85001-0458 or deliver in person to the above address.
3. Pursuant to A.R.S. § 45-113, the application fee is \$150.00, and the permit fee is \$50.00. You may submit both checks at the time of filing the application.
4. Use explanatory section on back for clarification if necessary.
5. This application should be used to obtain a permit to:
 - a. Withdraw poor quality groundwater to fill or refill a body of water (an Application for Permit to Use Water to Fill or Refill a Body of Water, DWR form 55-98, is also required).
 - b. Withdraw poor quality groundwater which, because of its quality, has no other beneficial use.
6. Withdrawal of groundwater must be consistent with the management plan of the Active Management Area.

FOR DEPARTMENT USE ONLY

Application/Permit No. _____

Filed _____

AMA _____

S/B _____ W/S _____

II. GENERAL DATA:

Please check one:

New Application

Renewal or Modification of Permit No. 59-_____.

1. NAME OF APPLICANT:

Name _____		Telephone Number _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Contact Person _____			

2. NAME OF LANDOWNER where groundwater will be withdrawn:

Name _____		Telephone Number _____	
Address _____	City _____	State _____	Zip Code _____
Contact Person _____			

3. Groundwater will be withdrawn within the _____ sub-basin of the
_____ Active Management Area.

4. NAME OF OWNER OF WELL(S):

Name _____		Telephone Number _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Contact Person _____			

5. Name of facility or body of water where water will be used (if applicable) _____

6. State the specific purpose for which groundwater will be withdrawn: _____

7. Location of facility or body of water (if applicable) _____ $\frac{1}{4}$ _____ $\frac{1}{4}$ _____ $\frac{1}{4}$ Section _____ Township _____ Range _____, AMA.

8. (Check) Order for remedial action attached.

EPA Identification No: _____ EPA Program Name: _____

Contract No: _____ (Federal) _____ (State)

Other identification: _____

9. Groundwater to be withdrawn by means of:

A. WELLS ALREADY IN EXISTENCE:

Registration No.	Location	Depth	Diameter of Casing	Casing Type
55- _____	_____	_____	_____	
55- _____	_____	_____	_____	

B. WELLS TO BE NEWLY CONSTRUCTED:

Complete and attach New Well Construction Supplement, DWR form 55-90, for each new well to be drilled.

10. (Check) Test results attached that show that water is of such poor quality that it cannot be used for another beneficial use without treatment.

11. (Check) Result of economic feasibility study attached to show that it is not economically feasible to treat water and transport it for another beneficial use.

12. Explain applicant's plans to beneficially use the water: _____

13. Explain how the withdrawal of groundwater under this application is consistent with the management plan for the Active Management Area:

14. Estimated quantity of the source of poor quality groundwater: _____ acre-feet.

15. Annual amount of poor quality groundwater to be withdrawn: _____ acre-feet.

16. Request is for _____ years (maximum 35 years subject to earlier termination by the Department).

I (we), _____ hereby swear that all information provided in this application is true and
(print name) correct to the best of my/our knowledge and belief.

Signature of Applicant(s) _____ Date _____